Long-Term Care Insurance Annual Sales Report

IF YOUR COMPANY MARKETED ANY LONG-TERM CARE INSURANCE IN MICHIGAN during the report year, complete this report annually on a calendar year basis. Report is due on or before June 30th of the year following the report year.

report rear
Year this report is based on:
Must be most recent year end
20

If your company wrote no long-term care insurance in Michigan during the report year, do not file this report.

Please provide the following information about			
Please provide the following information about			
Please provide the following information about			
riease provide the following information about	long-term care policies in Michigan. Give r	numbers based on totals at the enc	l of the report year.
Number of policies sold		Number of policies lapsed	
Number of policies in force	Nu	Number of replacement policies	
Please prepare and attach a table as shown bel th the greatest percentage of LAPSED policies a			
ne of Agent	Agent's Michigan license number (usually same as SSN)	Number of policies sold in report year	Number of REPLACEMENT policies sold in report year
Please prepare and attach a table as shown bel h the greatest percentage of REPLACEMENT p			
ne of Agent	Agent's Michigan license number (usually same as SSN)	Number of policies sold in report year	Number of REPLACEMENT policies sold in report year
	information, knowledge, and belief.		
eclare that this information is true to the best of my	information, knowledge, and belief. Date signed	Name and title typed or printed	
ertification leclare that this information is true to the best of my ignature of company representative	-	Name and title typed or printed	

Please send your completed report to:

Office of Financial and Insurance Services Securities and Insurance Offerings Division PO Box 30220 Lansing MI 48909-7720

Visit OFIS on the Web at: http://cis.state.mi.us/ofis



Department of Consumer & Industry Services "Serving Michigan...Serving You"



Phone OFIS toll-free at: 1-877-999-6442